



Operation: Military Kids (OMK) Program Request Form

Name of Person Requesting OMK Programming: _____

Today's Date: _____ Location of Event: _____

Date of Event (Request at least 1 MONTH prior to event) _____

Start Time of Event: _____ Estimated End Time of Event: _____

Type of Event (Ex. FPA, FRG Mtg, Family Day): _____

Group Requesting Event (Ex. NG 834th ASB FRG): _____

Point of Contact for Event: _____

POC's Phone #: _____ POC's E-Mail: _____

Total Number of School Aged (5-18 years old) Kids at Event: _____

Breakdown of Ages: 5-10 Years Old: _____ 11-18 Years Old: _____

Plan for Childcare (0-4 years old) (Ex. Child Care Resource & Referral Volunteers):

If you would like a certain type of programming, please explain (Ex. Christmas activities, Safety Programming, etc.): _____

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